PTO/S8/06 (12-04),
Approved for use through 7/31/2006. OMB 0651-0032
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D a collection of information united.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | | | Application or Docket Number | | |
|---|---|---|---|---|------------------|-------|--------------------|-----------------------------|------------------------------|--------------------|-----------------------------|
| APPLICATION AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | OR | | RITHAN ENTITY |
| | FOR | NUA | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (S) |] | RATE (S) | FEE (S) |
| | SIC FEE CFR 1.16(e), (b), or | (e)) | N/A | | N/A | 1 | N/A | | 1 | N/A | |
| SEARCH FEE (37 CFR 1.1604, (i), or (m)) | | | NA | | N/A | | N/A | | 1 | N/A | |
| EXAMINATION FEE (37 CFR 1.16(a), (p), or (q)) | | | N/A | | N/A | | N/A | <u> </u> | 1 | N/A | |
| | TAL CLAIMS CFR 1.16()) | | minus 20 = | | • | | х - | | OR | X = | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | VIMS | minus | 3 = . | | 1 | × • | | 1 | × • | |
| FEI | PLICATION SIZE CFR 1.15(1)) | sheets is \$250 addition | If the specification and drawings sheets of paper, the application s is \$250 (\$125 for small entity) for additional 50 sheets or fraction th 35 U.S.C. 41(a)(1)(G) and 37 CFI | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | N/A | | | ₩ N/A | |
| * If the difference in column 1 is less than zero, enter "O" in column 2. | | | | | | • | TOTAL | | | TOTAL | K I |
| APPLICATION AS AMENDED - PART II | | | | | | | | | | * | RITHAN ENTITY |
| (Column 1) (Column 2) | | | | (Column 3) | | SMALL | ENTITY | OR | | RTHAN ENTITY | |
| AMENDMENT A | 6-22-05 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (5) | ADDI- TIONAL FEE (\$) |
| | Total (37 CFR 1.144)) | . 28 | Minus | 27 | - / | | × 25°2= | 2500 | OR | - | |
| | Independent (07 OFR 1,16(4) | . 9 | Minus | - 9 | - | | x = | | OR | X - | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | |] | | | | N. | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | N/A | | ÒR | B N∕A | |
| | | | | | | | TOTAL ADD'L FEE | 2500 | OR | TOTAL ADD'L FEE | |
| | | (Column 1) | | (Column 2) | (Cotumn 3) | | | Pd. | | | |
| AMENOMENT B | 2/28/06 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDI- TIONAL FEE (\$) | | RATE (\$) | ADDI- TIONAL FEE (\$) |
| | Total (37 OFR 1.166)) | . 22 | Minus | "28 | - | | ×25 = | 1 | OR | § 50 ± | 1 // |
| | Independent (IF CFR 1.16(k)) | 7 | Minus | " 9 . | * - | | x/30 = | | OR | ₹266 = | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | 3 |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(II)) N/A | | | | | | | | OR | N/A | |
| TOTAL ADD'T FEE | | | | | | | | | OR | TOTAL ADD'L FEE | |
| : | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | | | |

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to liste 12 minutes in complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the inflividual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer; U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMSTO THIS

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